

BOARDING CHECK IN

Client Name	Account #	Patient Name	Species	Breed	Sex	Weight
TESTER, Tester	12770	Cat	Feline	DOMESTIC	M	0lbs.

MEDICAL ALERT: _____

Check in date/time: _____

Check out date/time: _____

Reservation Run Cage

Required Vaccinations needed (additional fees apply):

Vaccines up to date Give Vaccines _____

Additional Services (additional fees apply)

Nail Trim Bath/Brush Other: _____
 Ear Cleaning Anal Gland Expression

Food

Type Hospital's Food Owner's Food Type of Food: _____

Instructions: _____ cups Free Feed 1 time per day 2 times per _____ times per day

Treats Yes No Description & Instructions: _____

Medication Yes No

Medication Name:	Administration Instructions:	Next Dose Due:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Belongings: (All items MUST be labeled with client's last name in permanent marker. We are not responsible for lost, stolen or damaged items and do not guarantee the return of any personal belongings. Toys will not be left in cages overnight for pets safety)

Toys: Qty & Description: _____
Bedding: Qty & Description: _____
Carrier: Qty & Description: _____
Leash: Qty & Description: _____
Collar: Qty & Description: _____
Other: Qty & Description: _____

Emergency Contact Name and Phone Number: _____

Medical Illness: In the case of major medical concerns or illness we will attempt to contact you or your emergency contact at the number listed above as soon as possible. In the event that medical care is needed for your pet, please give us guidance on how you would like us to proceed:

___ I authorize GMVH to perform whatever treatments are necessary and accept full financial responsibility for all charges related to the treatment of my pet.
___ I authorize up to \$_____ in medical care during my pet's stay.
___ DO NOT administer any medical treatment until authorization is given, unless denying treatment prolongs suffering to my pet and I cannot be contacted within 1 hour. I then authorize GMVH to treat my pet according to the on-duty veterinarian's recommendations up to and including euthanasia. I will accept full financial responsibility for all charges incurred.

With the above authorization we will treat your pet for minor medical concerns WITHOUT contacting you

Signature: _____

Date: _____
11/16/2018